PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

yer, important.

TION

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement.

(Z)

STATE OF MARYLAND—	CERTIFICATE OF DEATH (15728
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
Count Milomico	Registration Dist. No. 336
Village or City Mear Delmar &	No Sen Del ) Calman Del, St. 11 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME William R. awy	
(a) Residence: Now leave Wel. (Ususi place of abode)	St., // Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH MA 2
Male White Married word)	(Month) (Qay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Bessie Banks arry	122. HEREBY CERTIFY That I attended deceased from 1932, to My 3 1232
6. DATE OF BIRTH (month, day, and year) May 2-18 184	I lest saw h 2 elive on 2 2 1932; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 9.43 2.m.
48 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Carpenter SAWYER, BOOKKEEPER, etc.	1 -2 10 4
kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.	femte nepterin & Zahri
work was done, es SILK MILL, SAW MILL, BANK, etc.	Come.
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town). Maryland	Other Contributory Causes of importance:
(State or country)	morula humalin 22
13. NAME James L. any.	La Villa
13. NAME Jame J. Comp.  14. BIRTHPLACE (city of town). Manyland	Name of operation
(Slate or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mangant Comments	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) mayland (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
W. O. P. Romer.	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address) Colore Olleven	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. SURIAL, CARMATION, OR REMOVAL Place Suchol Flarm Oate May 6, 1932	Manner of injury
Illower L Co.	Nature of injury
19. UNDERTAKER (Address) Salutand Maryland	if so, specify
20. FILEO May 5, 19 / W. J ( Den 4)	(Signed) M.D. M.D.
Registrar.	(Address) - Parfolisher / Jal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II VED	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis XFAII V S	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

DINDI	PERMANENT !
5	Y
4	IS
COLUN ED	INK-THIS IS A
MANGIN RESERVED FOR BINDI	WITH UNFADING
9	WITH

	County	willy	nige		<u>G</u>	Registration I	Dist. No. 3	37
	Village or C	City Mac	ulicos	e i	No. f death occurred in a hospital	or institution, give its NAME	St.,	War
	Length of resi	idence in city or town whe	re death occurred	Avrsmo	sds. How long in	U.S. if of foreign birth?	yrsr	mosd
2	. FULL NA		ph o	Mar	Rley			
	(a) Residen	ice: No.	(Usual place	of abode)	Ward.	If nonresident	give city or town an	d State
	PERSON	AL AND STATIS	TICAL PART	ICULARS	MEDIC	AL CERTIFICATE	OF DEATH	
3. 5	male	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DE	ATH  May  (Month)	7	, 193.2
5a.	If-merried; widew	red, or divorced	2	n		(Wollen)	(Day)	(Year)
_	HUSBAND of (or) WIFE of	Lucy	Karkl	ey	22. May 1	1. //.	Y. That I attended	d deceased fro
6. I	ATE OF BIRTH	(month, day, and year)	mark	11884	I last saw h aliv	e on my 6	, 193.3	-; death is sa
7. /	AGE Yea	irs Months	Days	If LESS than	to have occurred on the d	late stated above, at	m.	
	50	9	17	l day,hrs.	The PRINCIPAL CAUSE ( were as follows:	OF DEATH and related cause	s of Importance	Date of one
Z	8. Trade, profes	ssion, or particular work done, as SPINNER, , BDOKKEEPER, etc	aut	//				Date or our
ON			o gour	saucer	e up	spery		
CUPA	work was	business In which s done, as SILK MILL,	Couster.	Hause.		//		
200		L, BANK, etced last worked at pation (month and	11. Total i	time (years)				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
0	this occu year)	patlon (month and 31	spa	ent in this 2. The	4			
	DIDTIDI COLC.	-11	ulijah	, /	Other Contributory Cause	of importance:		
12.	State or cour		actiff 1		-			
2	13. NAME	Darrie &	Jay Kli	111				
FATHER	14 PURTURI ACT	7	Tantin	the ella	Normand annual lan			
F	(State or	(city or town)	amaga	a so off		2		
ER	15. MAIDEN NA	ME Onia	10017	11/1/00		nosis?		
OTH		//	10 holisa	sec.		ernal causes (VIDL ENCE) fill		•
울		(city or town)	asque	100		icide?C	ate of injury	, 19
		0	The state of		Where did injury occur?	(Specify city or t	town, county and Sta	atc)
17.	(Address)	James	- Miller	750	Specify whether injury oc	curred in INDUSTRY, in HDI	AE, or In PUBLIC P	LACE.
18.		ION, OR REMOVAL	Joseph C.	44	Manner of injury			
	Place	Yanticol	L Date 74	my 9, 1900 0	Nature of Injury			
19.	UNDERTAKER (Address)	Mastes	Messey	2 y Some	24. Was disease or Injury I	In any way related to occupa	tion of deceased?	
-	FILED Mess	y warm	SIL	7 05110-	If so, specify (Signed)	allen di	ld	
		1.0 193 2/11			(Sixiied)			A IV

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	entropes	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis (IN P. 1997)	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage STIPS A	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

BINDI MARGIN RESERVED

(Yaar)

Date of onset

Registrar. If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal canse of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	7: 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	No Asia	July 5,1927	Peritonitis	3 days ago	
	•				
Other contributory causes of imp	ortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

PHYSICIANS should state -WRITE PLAINER, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. mation should be carefully supplied.

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH (15721)
1. PLACE OF DEATH	46)
County Zuleomico	Registration Dist. No. 337
Village or City Plana Mil	ND. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred languages	ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME Mary & Droughless	<u> </u>
(a) Residence: No. / Glaca /	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If uonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	may 10 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of William Branghton	May 7 1932 to 1933
6. DATE OF BIRTH (month, day, end year) They 18 18 74	I last saw his eliva on may 10, 19 32; daeth Is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date steted above, at 4 12 m.
38 2   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated gauss of Importance were es follows:
9 Trade profession or particular	Date of onset
SAWYER, BDDKKEEPER, etc. Tomal worth	Carcinoma o)
S. Hade, profession, or particular, or particular within dof work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	n, t
11. Total time (years) this occupation (month end spent in this	Merans
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Llana	Other Contributory Causes of Importance:
(State or country)	
13. NAME James Dolle	
13. NAME PARE DOLLA 14. BIRTHPLACE (city or town) Alexa Md	Name of operation
(Stete or country)	What tast confirmed diagnosis?
I 15. MAIDEN NAME Betru Wilson	23. If death was due to axternal causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Betsy Wilson  16. BIRTHPLACE (city or town) Claracy  (State or country)	Accident, suicide, or homicide?Date of Injury19
(Stete or country)	Where did Injury occur?
17. INFORMANT James K. Bold	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) / Laray M	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place to large May Date May 12, 1902	Nature of Injury
19. UNDERTAKER Market Above	24. Was disease or Injury In any wey related to occupetion of daceased?
20. FILED Mary 12, 1932 P. Woolford Walte	(Signad) Aller Silles M.D.
A Registrat.	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	4 1 2 2 2 2	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA-

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (15731
1. PLACE OF DEATH	(0)
County Zicemico	Registration Dist. No. 337
Village or City Lyaskin Md	NoSt.,Ward
1.1 To (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
- 11. 1/2	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME William J. Throw	
(a) Residence: No. June Runnia (Vadal place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male las OR DIVORCED ( WITTER WOLL)	(Month) (Day) (Year)
5a. If marriad, widewed, or divorced HUSBAND of	
(or) WIFE of	22. SHEREBY SERTIFY, That I attended decesed from
6. DATE OF BIRTH (month, day, and year) man 1.0 1923	1 lest saw h aliva on, 19; daath is said
7. AGE. Years Months Days If LESS than	to have occurred on the data stated above, at Salah Jam.
7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	To Va I selemonda
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
work wes done, as SiLK MILL,  SAW MILL, BANK, atc	
SAW MILL, BANK, atc	
year) spant in this occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jyasking	Other Coatriousery Causes of Importance:
(State or country)	
13. NAME William Drown  14. BIRTHPLACE (city or town) Juane	
	Name of oparation
(State or country)	What tast confirmed diegnosis? Wes there are autopsy?
15. MAIDEN NAME Surged Drown  16. BIRTHPLACE (city or town) Tuas Pin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) f. Jacks P. W. (State or country)	Accident, suicide, or homicide?
no. the	Where did injury occur?  (Specify city or town, county and State)  Specify whethar injury occurrad in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT MANIAM WALLEY (Addrass)	Specify whethat injury occurrad in thousant, in nome, or in robute reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Murlowel General May 23, 1932	Nature of Injury
19. UNDERTAKER Mrs. Collegist & Sona	24. Was disease or injury in any way pelated to occupation of geceased?
(Addrass) Birales ella	If so, spacify O affles July
20. FILED May 23, 1932 P. Woolford Waller	(Signed) Manlewfo, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Addrass) \_\_\_\_\_

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Example I			Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	JUN 6 100	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	LEGIOR RAW N		(Carling Personal Carling Carl		
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S	TATE O	F MARYLAND-	CERTIFICATE	OF DEATH 05732
1. PLACE OF DEA	гн .			200
County Wico	mico			Registration Dist. No. 333
Village or City	ninula		1	un Mo st, 13 Wai
Length of residence in ci	ty or town where de			ution, sire its NAME instead of street and number) of foreign wirth?
2. FULL NAME	tandy (	oullowne.		
(a) Residence: No	Laurel	Oslawara. (Usual placo of abode)	St., Ward.	If nonresident give city or town and State
PERSONAL AN	D STATISTIC	CAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH
3. SEX 4. COLO	R OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	May 28 , 193 2 (Month) (Day) (Yaar)
5a. If married, widowed, or divo HUSBANO of (or) WIFE of		J	22. I HEREB	
6. DATE OF BIRTH (month, day	and year 96	Record	last saw haralive on	may 2 1932 death is es
7. AGE. Yaars	Months	Oays If LESS than	to have occurred on the data state	ed above, at 2. A. r. m.
70		1 day, hrs.		TH and related causes of Importance
8. Trade, profession, or pukind of work done, SAWYER, BOOKKEE  Salvindustry or businass in work was done, as SAW MILL, BANK, 60  10. Date deceased last wor this occupation (more year)  12. BIRTHPLACE (city or town)  (State or country)	as SPINNER, PER, etc  which ILK MILL, itc	11. Total tima (years) spant in this occupation	Other Centributery Causes of Imp	ortanca:
13. NAME MAN 14. BIRTHPLACE (city or to	Relord			
14. BIRTHPLACE (city or to	wn)		Namo of operation	Oata of
15. MAIOEN NAME	Ma 1	e cond	What test confirmed diagnosis?	Was there an autopsy?
16. BIRTHPLACE (city or to	wn)			uses (VIOLENCE) fill In also tha following:  Date of injury, 19
(Stata or country)  17. INFORMANT (Address)	- Coul	form.	Whare did injury occur?	(Specify city or town, county and State) in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR R	EMOVAL	Dat May 30, 19 32	Manner of Injury	
19. UNOERTAKER HALL (Addrass)	J B Rug	Janut Del.	24. Was disease or injury in eny w	way related to occupation of deceased? Zwo
20. FILEO May GO	10 A. K	May June	(Signed)	M. G. CLU

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I The principal cause of death and related causes	1	Example II	
of importance were as follows:  Arteriosclerosis 7 1932	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE P	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Wiemuco	CERTIFICATE OF DEATH
no di Carlen f	Registration Dist. No. 333
Village or City Valistary (No. Ht. Sa	St.: Ward) (If deeth occurred in a hospital or institution, give its NAME in
2FULL NAME Martha K	Nean steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Married, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  May , 192  (Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last sow hell alive on Mars 1927,
7 AGE   If LESS than	and that death occurred on the date stated above, at KOP m.
6 4 yrs. 9 mos. 6 ds. or min.	
B OCCUPATION (a) Trade, profession or particular kind of work	Pulmmay tubuculores
(b) General nature of industry business, or establishment in	e.f
which employed or (employer)	(Durstion) yrs, mos, de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Durstion  Lyts mos ds.
10 NAME OF FATHER KNILLIAM K H. et	(Signed) Charles D. Ateauten M. D.
0 11 BIRTHPLACE	May 1 1937 (Address) E. S. St. Jan. With
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)  Manyland	*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ly den Carlan	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place of death yrs mos 26 ds. In the State yrs mos ds.
(State or Country) LUNSYLVANA  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, 106 Bow 41. Ellis
(Informant) C. S. Jul. San.	Former or usual residence
(Address) Kalisbury, Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Elhlon beneting May 4, 1932
15 May 1 22 1612 01	20 UNDERTAKER ADDRESS
Filed May 1925 . Y. May Jumes Registras	91. W. Pippin Elaton Mid
If more brenks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more preuse preuse laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report Foreman, For many occupations a single word or term on yrs). specifically the occupations of persons en-For persons who have no occupation But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi-Chronic ," "Coma," "Convulsions, etc. The contributory affection need valvular heart Nomenclature of the not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate permanently filed.

V. S. No. 1

BINDIN

FOR

MARGIN RESERVED

(Address)

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSAISOE	
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

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Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

	= 0
LAIL Y, WITH UNFADING !	information should be carefull state CAUSE OF DEATH In pla
FAI	be EAT
5	ould
TTH	SE
*	CAU
N. C.	orm
A	inf

back

may

(State or Country)

OF MOTHER

if not at place of dea.h?.. Former or usual residence.

Where was disesse contracted, Mean

If more branks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more previous or laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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V. S. No. 1 B I TON

STATE OF MARYLAND—CERTIFICATE OF DEATH 05738			
1. PLACE OF DEATH	222		
County Mi Corrico Co-	Registration Dist. No.		
Village or City Salis buy md	No. Termenta Junal Stapelate: 13 Ward		
	death occurred in a horpital or institution give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrs,mosds		
2. FULL NAME Mrs. Emma Ellest	<u> </u>		
(a) Residence: No. Welman Md. 18.70.	_St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED-(write the word)	21. DATE OF DEATH		
Terrale White Giden	(Month) (Oay) (Year)		
5a. If married, widowed, or divorced			
(or) WIFE of Millian James Elleville	May 5 1932 to may 10 1932		
6. DATE OF BIRTH (month, day, and year) Sycan - 18-1863	liast saw har alive on July 10 195 Zdeath is said		
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at		
68 11 22 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
9 Trade profession or particular	A leave P Cucesing Date of onset		
Nind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	1 Bb Cran		
9. Industry or business in which			
work wes done, es SILK MILL, SAW MILL, BANK, etc	Intestine la lote to sole		
0 10. Oate deceased last worked at 11. Total time (years) spant in this	3		
year) occupation			
12. BIRTHPLACE (city or town)	Other Coatributory Causes of Importance:		
(State or country)			
13. NAME MILLION PROPERTY			
H A	Colorent 15/5/34		
14. BIRTHPLACE (city or town) (State or country)	Name of operation (alcastron) Oate of 9/3/3 &		
	What test confirmed diagnosis? Was there an autopsyll 2.  23. If death was due to external causes (VIOLENCE) fill in elso the following:		
15. MAIOEN NAME COMPANY  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide		
O 16. BIRTHPLACE (city or town) State or country)	Where did injury occur?		
M make of the	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.		
17, INFORMANT CAUCHT CALLED TO THE CALLED TO	Specify whether injugaceonted in thousand, in home, or in robert reace.		
18. BURIAL, GREMATION, OR REMOVAL	Manage of Injury		
Place M. D. Con Justy Date Man 12 1982	Manner of Injury		
Mr. 11 8 h	Nature of injury		
19, UNDERTAKER WILL DE MONTH	24. Was disease or injury in any way related to occupation of deceased?		
(Addiess) Duman of	If so, specify		
20, FILED May 10 1932. J. May Jumes	(Signed) M. O.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I	A through	Example II	
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Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICI	AN
MUNICIPAL	OI MUL	LOW	LOWITHE	SIMILMIEM	DI	THISTOR	AL LY

4 81 405 05 8	STATE O	r MAKILAND	CLIVIII ICATL	OI DEATI	10000
1. PLACE OF D			19-2	Registration Dist.	No 33 2
Village or City_	Parsons	Jus or	No.	Registration Dist.	St Ward
	in city or town where do	+	(If death occurred in a hospital or insti-		
	le	The leaves yes	Ost	or rolesgii biltii:	.yısus.
2. FULL NAME  (a) Residence: N	seorge	. W. Cenno	St., Ward.		
(a) Residence. I	0	(Usual place of abode)			ity or town and State
		CAL PARTICULARS		CERTIFICATE OF	DEATH
male	White	5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word		(Month)	27 . 193 2 (Yaar)
5e. If married, widowed, or HUSBAND of (or) WIFE of	divorced	~	22. IHEREB	Y CERTIFY, T	hat I attended deceased from
	7,		· cuart	193210 11	ay 27.1937
6. DATE OF BIRTH (monity AGE Years	n, day, and year) //	lay 22, 193	to have occurred on the date sta	ted shove at 165	m 1957 2 death is said
7.7.00		1 dey, ormin.	The PRINCIPAL CAUSE OF DEA	the residence of the second second	
8. Trade, profession,	or perticular	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	West of some was		Date of onset
SAWYER, BOO	one, as SPINNER, KKEEPER, etc		Meen	gress	1/27/3
kind of work of SAWYER, BOO  9. Industry or busin work was done SAW MILL, BA  10. Date deceased in this occupation	, as SILK MILL, NK, etc				
	(month end	11. Total time (years) spant in this			
year)	A	occupetion	Other Contributory Causes of im	portance:	
12. BIRTHPLACE (city or t (State or country)	own)	Wisomico (	all a Re	MILL	
13. NAME	George	W. Ennis.		-0	
13. NAME  14. BIRTHPLACE (city		asoustrug	Name of operation		Date of
(State of coun	(TY) NE	conics to me	What test confirmed diagnosis?_		Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city	Ump	My Willen	23. If death was due to external c		
2 16. BIRTHPLACE (city State or coun		puscen, ma	Accident, suicide, or homicide? Where did injury occur?	Date t	, 13
17. INFORMANT	lseva.	W. Ennis.	Specify whether injury occurred	(Specify city or town in INDUSTRY, in HOME, of	county and State) or in PUBLIC PLACE.
(Address)	To do	arsonshing, no	d		
18. BURIAL, CREMATION, Place Parso	(31)	30 A M. May 28 19	Manner of injury		
71	4,100 0	Golfer son	Neture of injury 24. Wes diseese or injury In any	The transfer of the latest the same of the latest the l	of deceard?
19. UNDERTAKER (Address)	Salist	Fury and	If so, specify	wey releted to occupation	7
20. FILED 12 2.7	,19.3.2 Vel	and I Ise	(Signed)	neles 71/3	Saug M. I

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	Example I	1	Example II	
The principal cause of confirmation of importance were as for	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- Drail	Letrus	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	SECHIVED	/ 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	HIN 6 1932			
Other contributory cans	es of importance:		Other contributory causes of importance:	
Gatlstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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MARGIN	N. BWRITE PLANKY, WITH UNFAD	mation should be carefully supplied.	CATICE OF DEATH in plain torms of
V. S. No. 1	N-BWRITI	( mation	TATION

1. PLACE OF DEATH	(131)
County Wilomila	Registration Dist. No. 33
Village or City Prulland	No
	(If death occurred in a horpital or institution, give its NAME instead of street and num osds. How long In U.S. il ol loralgn birth?yrsmos
2. FULL NAME Geor see thill se	
(a) Residence: No. A sulland, M.S.	St. Ward.
(Usual place of abode)	If nonresident give city or town and Sta
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVDRCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of Kenny Control HUSBAND of Kenny Control HUSBAND of Kenny Control Husband Contro	22 44 1 115 2 5 2 7 5 7 1 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HUSBAND of Serah E Hilla	22. May 20 103 / 10 Mg. 29
6. DATE OF BIRTH (month, day, end year)	I last saw han alive on my 29/ 1972
7. AGE Charge Months Days If LESS than	to have occurred on the date stated above, at _/ 05m.
7 0 1 day,hr	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc.	0 D ) 1 5
	Cho at Meril
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	10 land Webleton
U 10. Date deceased last worked et may 11, Total time (years) 2.1	L JOHNS
this occupation (month and 2-7) spant in this occupation.	
12. BIRTIIPLACE (city or town) Danies quarter	Other Contributory Causes ol Importance:
(Stata or country)	aller Peline
13. NAME Johna Fields	
14. BIRTUPLACE (city or town) Numer garles	Name ol operation Date of
(State of Country)	What test confirmed diagnosis? Was there an auto
15. MAIDEN NAME Curbnous	23, 11 death was due to external causes (VIOLENCE) fill in also tha lollowing:
16. BIRTHPLACE (city or town) Ambaracus (State or country)	Accidant, suicide, or homicida? Date of Injury
Luci Ediole	(Specify city or town, county and State)
17. INFORMANT (Address) His bandle of the Address o	Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL O SA-	Mannar ol injury
PlaceML Plenet Com Date Journe 1, 193	Neture of Injury
19. UNDERTAKER AND SILELIES	24. Was disease or injury-in any way related to occupation of deceased?
(Address) Sales Ruse and	If so, specily
20, FILED June 1,1932 & May June	(Signad)
Registrar.	(Address) Patishy diff

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:  Gallstones	Want 1020	Other contributory causes of importance:	
Unisomes	May 1,1923	Gastoenterus	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

be carefully supplied.

mation s

certificate.

of

See instructions on back

of OCCUPA-

STATE (	OF MARYLAND-	CERTIFICATE OF DEATH 05741
1. PLACE OF DEATH		920
County Miconices!		Registration Dist. No. 332
Village or Cit Village Village		NoSt., Ward
Length of residence In city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Martha		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	127 1854	I last saw been alive on flear, 2 193 2 death is said
7. AGE Years Months 5	Days If LESS than 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causos of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	Noue.	Cecutable Justin Justin
SAW MILL, BANK, etc  10. Dete decessed last worked at this occupation (month and year)	11. Totel time (years) spent In this occupation	antie Regugelation 3 yes
12. BIRTHPLACE (city or town) Near Titerille, (State or country)		Other Cantributory Causes of impositance:
1 1	blin.	
13. NAME George Form  14. BIRTHPLACE (city or town). Near  (State or country)	Tettialle	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME May To	elmer:	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	faille:	Accident, suicide, or homicide?
17. INFORMANT MALE Markets (Address)	Clark me.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- Date 2may 32/1932	Manner of injury

19. UNDERTAKER OVM: Howard Se 24. Was disease or injury in any way related to occupation of deceased? If so, specify 20. FILED May 3 , 19.32 Poland (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I		Example II	
The principal cause of importance were	of death and related causes sollows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attock of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	707 9 707	July 5,1927	Peritonitis '	3 days ago
	BUNGAU V.S.	1 p		
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				0

ADDITIONAL S	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

() [	5742
3	33
of street and n	umber)
or town and	State
DEATH	
ay)	193 (Year)
t 1 attended d	19 3 2
,1932	÷death is sald
portance	Date of onset

What test confirmed diagnosis?

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Date of onset	The uninginal areas of Just and all 1	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 Julyö,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

mation should

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05744
Andi a anna	259
County // Cograço	Registration Dist. No. 199
Village or City Salebury	No. Deninsula Seneral St. B. Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
91 + 121	144 141 141 141 141 141 141 141 141 141
2. FULL NAME NAME /Yourman	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tomal, White OR DIVARCED (write the word)	Mas / 193 2
5a. If married, widawed, of divorced	(Month)/ (Oay) (Year)
HUSBANO OF COT Sufant	22. I HEREBY CERTIFY. That I attended deceased from 4-30,1932, to 5-11982
6. DATE OF BIRTH (month, day, and year) 4/30/32	I last saw h elive on 5 / 19 32, death is said
7. AGE Years Months Oays If LESS than 1 day, 12 hrs.	to have occurred on the date stated above, at _6_X_S_m.
0 1 day, -/- & hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Oate ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Demature
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	Buch.
5 0.0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E Carpor To Carporation	
14. BIRTHPLACE (city or town)   Main   (State or country)	Name of operation Oete of
	What test confirmed diagnosis? Wes there an au/opsy?  23. If death wes due to external ceuses (VIOLENCE) filt In elso the following:
	Accident, suicide, or homicide? Oate of Injury, 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Edga Idage	(Specify city or town, county and State)
17. INFORMANT Day Bring Ind. M. S. (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Birabe Cesso Date 5/2/32-19	Nature of Injury
m 00m 1601	
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
man 1 22 Ve ha of	(Signed) Diller Sield M. D.
20. FILED May 1, 1902. De May Sumo	(Address) Destis be med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THERE AU V. B. W.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	(III) XII
PLACE OF DEATH	STATE OF MARYLAND
County Wignes	CEPTIFICATE OF DEATH
Country	1 1/2
1/ 2 2	0
Village or City alcobury (No. Sas <sup>2</sup> FULL NAME Wila V.	St: Ward) (If death occurred a hospital or institution, give its NAME is stead of street annumber.)
FOLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, MARRIED, WIDOWED. Con DIVORGED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attanded the deceased from
December 14 1890	March 6, 1931. 10 May 31, 193
(Month) (Day) Arear)	that I last saw h ealiva on May 3/ , 193
7 AGE [If LESS than	and that death occurred on the date stated above, at 0 5P
3~ yrs. 5 mos. 18 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	Vulen many tubuenlosi's
particular kind of work  (b) General nature of industry	
husiness, or establishment in	(Durstion) yrs, mos, d
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)  Macyland	Secondary (Duration) yrs. mos d
10 NAME OF	(Signed) Charles D. Steenkon M. I
FATHER albert Coulbourn	May 31, 1932 (Address) E. J. Mr. San.
OF FATHER	- Marianum Ma
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Level anthony	
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MA	At place of death / yrs 3 mos. ds. In the State yrs mos ds.
(State of Country)	Where was disease contracted, Deuton, Ma, if not at place of death?
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) (collaw boulbal	usual residence
(Address) Clester Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
- 1 1 22 1 12	20 UNDERTAKER ADDRESS
Filed Line 19232, & May June	Q. Virge Meson Declan
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. IS A PERMANE FOR BINDIN B.-WRITE PLAINLY, WITH UNFADING INK-THIS AGE should be MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

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1. PLACE OF DEATH	IL OI		-/ (IVD	<u> </u>	146
county Wife us	isom			Registration Dist. No.	33
Village or City 2	rlaiQ	Curred	(If	No. The hold of th	Ward
2. FULL NAME (a) Residence: No.	I go d	S Vu	$\sim$	Ward.  If nonresident give city or town and Sta	nte:
PERSONAL AND S			-	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR	OR	NGLE, MARRIED DIVORCED (20 AM	rite the word)	21. DATE OF DEATH (Month) (Day)	93 2 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	.,,			22. I HEREBY CERTIFY. That I attended dec	
6. DATE OF BIRTH (month, day, and	vear) M	ay 16	5. 1932	I last saw h alive on	
7. AGE Years	Months O		If LESS than day, hrs. min.	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work dona, as SF SAWYER, BOOKKEEPER, 9; industry or business in which work was done, as SILK SAW MILL, BANK, atc	PINNER, atc h			Prinaless infant	
SAW MILL, BAMK, atc  10. Oato dacoased last worked of this occupation (month ar year)	it	11. Total tima ( spent in occupation	this	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	ud.			Cities Continued of Importance.	
I 13. NAME Bank	· Psi	sen			
14. BIRTHPLACE (city or town)(State or country)	mo	<b>&gt;.</b> >		Nama of operation Data of What test confirmed diagnosis? Was there an auto	opsy?
15. MAIOEN NAME 2	50	ares		23. If daeth was due to external causas (VIOL ENCE) fill in also tha following:	
	Suc			Accident, suicide, or homicide? Dete of injury	, 19
2 (Steta ar country)  17. INFORMANT See (Address) Dans	Jone Luc	s tev.	Ind	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOV	nasterior	, ma	4 12,32	Mannar of injury	
19. UNOERTAKER Spends (Address) Sals	ie Jon	Es Jud	cling	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO May 12,19 3	32. 42	nay	Turue Registrar.	(Signed) Tolker The leave (Address) Sallaling 1	M. 0
7	If more blanks	are needed, addre	ss State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1.	PLACE OF DEATH  County Williage or City Selicy	ies un Ma	Registration Dist. No.	33
2.	FULL NAME  (a) Residence: No.	V		sds.
-	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 (Year)
5a. I	f married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended of	leceased from
-	(or) WITE OF	7	, 19, to	., 19
6. D.	ATE OF BIRTH (month, day, end year)	may 10, 1932	I last saw h alive on	; death Is said
7. A	GE Years Months	Days If LESS than 1 day,	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Oate of onset
ATION			President infant,	
OCCUPAT	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this		
1	year)  BIRTHPLACE (city or town)	ocsupation	Other Contributory Causes of Importance:	
	(State or country)			
E.	13. NAME Some	threes.		
FATH	14. BIRTHPLACE (city or town)(Stete or country)	2,	Name of operation	
ER	15. MAIDEN NAME	· say f	23. If death was due to externel causes (VIOL ENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (city or town) (State er country)	8,	Accident, suicide, or homicide? Oate of injury	
17.1	INFORMANT (Seil) Joy (Address) Daniello	res and	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18.	BURIAL, CREMATION, OR REMOVAL Place James Luagle	y Oate May 12,1932	Menner of Injury	
19.	UNDERTAKER BESTELLER (Addiess) Salisting	ines (acting)	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED May 12,19 321	V- May Journe Regioner.	(Signed) Olean College	M.I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1032	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURBAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

B.

USE Mation

		Contificato	30	Joseph no	o inchange on	important Go instructions on hash of cartificate
of 00	Exact statement	FATH in plain terms, so that it may be properly classified. Exact statement of OC	þe	t it may	terms, so tha	DEATH in plain
shoul	Y. PHYSICIANS	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	be	Pinous E	supplied. AGI	d be carefully s
item o	RECORD. Every	PLAINLY, WITH UNFADING INK-THIS IS A PERMANN RECORD. Every item o	HIS	INK-T1	UNFADING	AINLY, WITH

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) erna (Month) (Day) (Year) 5a. If merried, widowed, or divorced HUSBAND of 22. CERTIFY. That Lattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months If LESS than Devs to heve occurred on the date stated above, et. ..... 8 1 dey,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH end related causes of importence or\_\_\_\_min. were es follows: Data of onsat Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc ..... 10. Date deceesed lest worked et 11. Total time (yeers)
spent in this this occupation (month end occupetion \_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Neme of operation (Stete or country) What test confirmed diegnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER 15. MAIDEN NAME 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_.. 16. BIRTHPLACE (city or town) (State or country Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMA Menner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

May man

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11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago ARRIERA Run over by street car Chronic interstitial nephritis 1921 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago MH Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

PLACE OF DEATH properly classified. Exact of certificate. wiemico **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS SSINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. In plain terms so that it may be rtant, See instructions on back of Write the word 6 DATE OF BIRTH (Day) (Month) Ilf LESS tha 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Every item of information should be carefull CIANS should state CAUSE OF DEATH in pis statement of OCCUPATION is very important, business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) WRITE (Address)

-	CERTIFICATE OF DEATH Registration Dist. No. 133
1	Registration Dist. No. 16. St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and
_	number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 20 33
	May 7 , 1932
-	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from Liptimber 11, 131. to May 7, 1932
7	
_	thet i just saw hel alive on May 6, 19932
n	and that death occurred on the date stated above, atm.
). )	The CAUSE OF DEATH * was as follows:
2	
	ulmonry tubiculois
•	
	(Duration) 1/2 yrs mos de,
	Contributory Large geal between con-
	Secondary
_	(Duration)ds.
	(Signed) Charles O. Slegula M. D.
-	M. 7 183 411 . 80 S. M. Jan.
	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
_	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	ients or Recent Residents) all has life
	At place of deeth yrs 7 mos 2 de. State yrs mos de.
-	Where was diseese contracted allen wir muco G. Ml if not at place of dee.h?
	Former or " " " " " " " " " " " " " " " " " "
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	all 5/10/22
7	aller. 11d.

(Year)

I day hr

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if more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Halto., Requesting V. S. No. 1.

STATE OF MARYLAND

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Dull laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Disfever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-

> telapus) may be stated under the head of "contributory" (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

he properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-6)
County Tuco allega	Registration Dist. No. 337 L
Village or City Tapaskin	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME & John & Musich	
(a) Residence: No. Tyraskin	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (regrice the word) Total	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If matriad, widewed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Jourse Messure	
6. DATE OF BIRTH (month, day, and year) Fell 1846	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at lea-m.
86 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	yound dead in best of onset
SAMYER, BOOKKEEPER, etc	
work was dona, as SILK MILL, SAW MILL, BANK, etc	providing aside
10. Data deceased last worked at this occupation (month and spant in this	Loilalation of Heart
year) occupation Auf	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Asparation (State or country)	Construction of the constr
13. NAME James Missish	
14. BIRTHPLACE (city or town) Jegastini VI/d	Name of operation Dete of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Don't Know	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury
∑ (Stata or country) //	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CARS SILL SARIL (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place finalise My Date Mar 23, 19 32	Nature of Injury
19. UNDERTAKER MISS TON COLLEGE THORS	24. Was disaase or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED May 25, 1932 P. Woolford Wall	(Signed) M. D.

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Ex	ample I	-1 1	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	301	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
	101			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis •	1 year

ADDITIONAL SP.	AGE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Address) \_

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
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Gallstones	May 1,1923	Gastroenteritis	1 year

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	0	1	sul)	
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1 PLACE OF DEATH  County Wironica	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33.7
Village or City Concerned, 112	St: Ward)  If death occurred to a hospital or institution, give its NAME inclead of street and amber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192., to
(Month) (Day), 1932 (Year)  7 AGE  Stellyrs forms ds or min.?	that I last saw halive on
COCCUPATION (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) yrs. mos. de.  Contributory Secondary
10 NAME OF FATHER Les Morris  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF TABLE OF T	(Signed) (Duration) (Signed) (Address) M.D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidai or Homicidai.
OF MOTHER June Jones  BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrsmosda. State,yrsmosde.  Where was disease contracted, if not at place of death?
(Informant) Martha Jones.  (Address) Martha Jones.  (Address) Martha Jones.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL  May 43., 1932.
Filed Muy 13 1932 Was ford Hall Registrar Registrar.	agaisar Barday nouteste

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CARBING DEATE. gaged in domestic service for wages as servent, Cook, Housemuid, etc. If the occupation has been changed additional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. It retired from to report specifically the occupations ployed, as At "chool or At home Care should be taken work, or At Home, and children, not sainfully emdefinite salary), may be entered at House wife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the re and statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physiciun, Compositor, Architect, Locomolive engineer, fulness of various parsnits can be known. The ques-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on As enaulles: (a) of persons on The material But in many

Ease causing dearth (the primary affection with respect to time and eausation), using always the same accepted of term for the same disease. Example: ("crebro pinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"):

Dicht digitaces ture of the injury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the caure. Always qualify all "Urnemia," "Weekness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn," "Heart failure," "Haemoreonditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, men-Mynorclature of the American Medical Association.) perd 6 Examples: Accidental drowning; Struck by railway State cause for which surgical operation was undervulsions." symptomatic), ary). 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); Poisoned by carbolic acid-probably suicide. The na-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; of eause of death approved by Committee on FOR VICLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "contributory." interstitial nephrilis, etc. The contributory "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal "Atrophy," "Collapse," "Coma," "Con-(Recommendations on state-Example: Measles (disease Measles; (second-(merely etc.

this certificate is looked over thoroughly and all questions answered in detail, it will prevent further corresponding the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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MARGIN RESERVED

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1.	PLACE OF DEATH	-CERTIFICATE OF DEATH (5756
		Registration Dist. No.  No. John D. January Howard Clif death occopined in a horpital or institution, give its NAME instead of street and number of
2.	0 1 0 +1	os. ds. How long In U.S. it of foreign birth? yrs. mos.  ne Reid  Notice Ward. Salishury  If nonregident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.51	emale White OR DIVORCED (write the word)	21. DATE OF DEATH may 13 2 Phi 2 (Mogh) (Day) (Year)
ba. I	f married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr april N 1932 to May 13 1, 193
6. D.	/ 4 A A A A A A A A A A A A A A A A A A	ing PRINCIPAL CAUSE OF DEATH and langled causes of importance
IPATION	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ware as follows:  Oate of one  Oate of one  Oate of one
OCCUPA	SAW MILL, BANK, etc.  Date dacaased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	===
12. I	BIRTHPLACE (city or town) & altimore, md.	Other Coutributory Causes of importance:
I  -	13. NAME Thomas W. Reid.	
1	14. BIRTHPLACE (city or town) (Stata or country)  Montgomery  Co	What test confirmed diagnosis? Vaccities Was there an autopsy?
MOTHER	15. MAIDEN NAME Scalmoffy Willer.	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
8	16. BIRTHPLACE (city or town) Q-alfundle (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. 1	NFORMANT Lonia B. Shockley. (Address) , B. Parsons Home, Salishan.	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. E	Place Mount Clive Ceripate May 1619.3	Manner of injury
19. L	INDERTAKER The Hill & Johnson Co. (Address)	24. Was disease or injury in any way related to occupation of daceased?
	(riddress)	

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0.000			
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Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

TION is very important.

MARGIN RESERVED FOR BINDIN

1. PLACE OF DEATH	154
County At ecomics	Registration Dist. No. 316
Village or City Delmar	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. If of foreign birth?
	distribution of the state of th
2. FULL NAME	July
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dev)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.91 HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) May 84, 193 V	I last saw h. An alive on 2016, 7 14 1932 death is said
7. AGE Years Months Deys If LESS than I day Golden.	to heve occurred on the date stated above atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade profession or particular	Prinalure Brith Grun- Dete of onset
Kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and	
Do Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Della Market (State or country)	Other Cantributory Canses of importance:
13. NAME A Smarille Breyde.  14. BIRTHPLACE (city or town)	
(State of County)	Neme of operation
15. MAIDEN NAME Lingeric Helson	23. If death wes due to external causes (VIOLENCE) fill in also the following:
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17. INFORMANT A Stryde	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Selman Les.	has the second
Piace M. P. Care America Dete May 2-4, 1982	Manner of injury  Neture of Injury
19. UNDERTAKER ALL SMANNL	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lailmer the.	If so, specify
20. FILED May 24, 1992 Registrar.	(Signed) M. D. (Address) Delana da lac

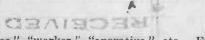
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	STATE OF MARYLAND	CERTIFICATE OF DEATH 05758
	1. PLACE OF DEATH	93-e
	County Wicomics	Registration Dist. No. 303
1	Village or City Renunsula Francia Hos	mital Salubrury MS St. 13 Ward
/		dealy occurred in a horpital or institution, and its NAME instead of street and number)  ds. How long In U. S. If of foreign birth? yrs. mos. ds.
	Length of residence In city or town where death occurredyrs,1mos.	ds. 1 How long in U. S. If of foreign birth?yrs mos ds.
	2. FULL NAME Whee Stevenson.	
	(a) Residence: No. Crustal M.	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	OR DIVORCED (write the words)	2 2 193 2
	ternala Cofored. Married  58. If married, widowad, or divorced	(Month) (Day) (Yaar)
	HUSBAND of William E. Stevenson.	22. / I HEREBY CERTIFY, That I attended deceased from 1952 to 3/29 1952
e.	6. DATE OF BIRTH (month, day, and year)	i last saw bet alive on 5/29, 1932 death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at & .m.
certificate	51 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
cer	8 Trade profession or particular	Series Tangent Oate of onset
of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL.	Pot fry.
back	9. Industry or business in which work was done, as SILK MILL,	
ps	SAW MILL, BANK, etc	Chr. macards 6
on	O Tag. Data deceased last worked at this occupation (month and yaar) occupation coupation occupation	
ons	2	Other Contributory Causes of Importance:
instructions	12. BIRTHPLACE (city or town)	f f f
stru	(State or country)	( withing tollag. Kinty
	II 13. NAME Muls	61630
See	14, BIRTHPLACE (city or town)	Name of operation
	(State of Country)	What test confirmed diagnosis? [ Was there an autopsy? [ ]
mportant	E 15. MAIDEN NAME Jackhan	23. If death was due to external causes (VIOLENCE) fill in also the following:
ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
d L	(State or country)	Where did injury occur? (Specify city or town, county and State)
very i	17. INFORMANT Serbergy And .	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place 1900 May Clin Bate 1/ay 31, 1902	Nature of Injury
TION	19. UNDERTAKER Jahry at Branchaw	24. Was disease or injury in any way related to occupation of deceased?
1	(Addrass) / Cristield, Mis	If so, specify
	20. FILED May 29 1932. Je May June	(Signad)/ / /// /// /// /// M. D.
	Registrar.	(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE PERSON OF TH	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V. S.	July 5,1927	Peritonitis -	3 days ago
	and the second s			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCUPA-

V. S. No. 1

20. FILED May

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05759
1. PLACE OF DEATH	93-6
County Micromico	Registration Dist. No. 333
Village or City Salisbury	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. it of foreign birth? yrs mos ds.
2. FULL NAME Steprage Dighma	
(a) Residence: No. Salisbury Md, (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, wildowed, or divorced HUSBAND of HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Martha Q. Telghman	Jewel 1 1952 to May 9 19 2
6. DATE OF BIRTH (month, day, and year) Sec. 6. 185	I last saw h alive on late stated above, at the late stated above, at late above at late above.
40 1/ 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Harmey	Date of onset
8. Irade, profession, or particular kind of work dona, as SPINNER, flanmer & SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased lest worked at this occupation (month and this occupation (month) and separate (pairs) separate (pairs)	Chi. hypracole is
11. Total time (years) this occupation (month and year)	my carbal plufteny Kal
12. BIRTHPLACE (city or town) That Salisbury (State or country)	Other Contributory Causes of importance.
13. NAME Littleton Filghman	6
13. NAME Littleton Alghmen  14. BIRTHPLACE (city or town) Lear Shirt bury  (Stata or country) Ramia - Ca.	Name of operation Date of Was there an autopsy?
W 15. MAIDEN NAME TOOK COPPIET	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Clate or coupley)	Accident, sulcide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT I The Silghman (Addrass) La linkhur Mouse of	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2:00 PM	Manner of injury
Place Tarsons Compate May 11, 1932	Nature of injury
19. UNDERTAKER The Hill & Johnson Co.	24. Was disease or injury In any way related to occupation of decaased?
19. UNDERTAKER Me Hill & Jumaon Co.  (Addiess) Police And On d	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH (15.760)
1. PLACE OF DEATH	23
County Tiernies	Registration Dist. No. 333
Village or City Salishary	" NIA 1/2 Mills
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME GENGE 1. I'dd	
(a) Residence: No/7/0 21. Man (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 77, 193 V. (Year)
5a. If married, widowed, or divorced HUSBAND of San St. Todd (or) WIFE of San St. Todd	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sley). 9, 1860.	I last saw alive on here >6 /193 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 1. 3. 7 m.
71 5 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Data of oncet
kind of work done, as SPINNER, Medical alocaler	Valuemary Inhornelosso
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER.  MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  year)  Occupation  11. Total time (years)  spant In this 47448.	
12. BIRTHPLACE (city or town) Mulling (State or country)	Other Contributary Causes of Importance;
	Dentity
(State or country)	Name of operation
E 15. MAIDEN NAME Culing (Cong) & Sublon)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (cly or town) My	Accident, suicide, or homicide? Data of Injury19
State or country)	Where did Injury occur?
17. INFORMANT MUS. Rusy II. I Joff, (Address) Astronomy M. D.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Salushung Md. Date 3/79/37,19	Natura of Injury
19. UNDERTAKER THE HILL A HOLOW CO.	24. Was disease or Injury In, any way related to occupation of deceased?
20. FILED May 29, 1932. D. May Jumes	(Signed) (Olympia Theology M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows:of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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19. UNDERTAKER

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If more blanks are needed, address State Registrar 121 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar. .

Nature of injury

If so, specify (Signed)

24. Was diseese or injury In env

(Address)

way related to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example *	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wéek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	a de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela compan	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis *	1 year	
The second second second second				

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

05762

1. PLACE OF	DEATH			(131)	0.0
County W.	comico			Registration Dist. No.	33
Village or City	ce In city or town where	1		St.,  Vesth occurred in a horpital or institution, give its NAME instead of street and n  ds. How long in U.S. If of foreign birth? yrs. mo	
2. FULL NAM	E andrew	Driet z	<b>1</b>		
(a) Residence	No. Baleals	West place	of abode)	St., Ward.  If nonresident give city or town and the state of the stat	Siate
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4	Color or RACE	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH 19 (Day)	193 (Year)
5a. If married, widowad, HUSBAND of (or) WIFE of	or divorced Turley			22. HEREBY CERTIFY, That yattended of	leceased from
6. DATE OF BIRTH (mo		limb	1852	Wastsaw her Valive on 7 / 27 1959	7 ; death is sald
7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	2.1.1.1
SAWYER BO	n, or particular k dona, as SPINNER, OKKEEPER, etc.	Laborer	). /	Cler neghories	Date of onset
SAW MILL.	na, as SILK MILL, BANK, etc.		ue	a di O el	The same of the sa
this occupation year)	ast worked at dont ion (month and keeps	11. lotal ti	ma (years) the pation to life.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city o (State or country		walk	~	Adama Solera	20
13. NAME DO	rich / se	uley			
14. BIRTHPLACE (ci		Ethawo m	lken	Nama of operation	utopsy?
15. MAIDEN NAME	10	Burley	<b>-</b>	23. If death was due to axternal causes (YHOLENCE) fill in also the following:	
16. BIRTHPLACE (ci	ity or town) / Call	malhe	<b>~</b>	Accident, suicide, or homicide? Date of injury Whare did injury occur?	, 19
17. INFORMANT AND (Addrass)	mes Hal	elken	ma	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	) CE.
18. BURIAL, CREMATION	N, OR REMOVAL Can	nod May	131 ,19.3.2	Manner of Injury	************
19. UNDERTAKER . A	3 4 Stu	buy a	mel	24. Was disease or injury in any way related to occupation of decaased?	0
20. FILED May	3/1932	- Thay	Turner Registrar.	(Signed) (Addrass) Julian July	M. D.
0	If mar	blanks are model	ddrau State Periste an	N. Chalastana Baltima B. and S. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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E LEASTELL, WILL UNITADING INN-TINIS IS A FEMALINE	n of information should be carefully supplied. ACE should be nould state CAUSE OF DEATH in plain terms so that it may be t of OCCUPATION is very important. See instructions on back
-	O THE
1	10 t

Sign	PLACE OF DEATH .	STATE OF MARYLAND
EX	County Wignie	CERTIFICATE OF DEATH
Y, Fied.	1. Castern	The Registration Dist. No. 1333
XACTL classif	Village or City Jalushung (No. Juhneut	Sti: Sward)  (If death occurred in a hospital or institution, give its NAME instead of street and
d E	2FULL NAME Accy 11.	number.)
rope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ld be single by a point of	Jewel White Single, Married, Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH May 10, 1997
m un	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
t it	april 21, 1911	November 25, 1931 May 10 , 1937
tha	(Month) (Day) (Year)	that I last saw he alive on May 9, 1937,
So so	7 AGE    If LESS than	and that death occurred on the date stated above, at 2 - a. m.
ns ns	2 / yrs. o mos. / 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
supp In terr See in	(a) Trade, profession or Siek mill operator	Oulmonay tutuculas
pla pla	(b) General nature of industry business, or establishment in	-
in rta	which employed or (employer)	(Duration) yrs. O mos ds.
be ca EATH impo	9 BIRTHPLACE (State or country)  Maryland	Contributory Secondary  Contri
ould DF D	10 NAME OF arthur lury	(Signed) Charles D. Steenken M. D.
SE	U II BIRTHPLACE OF FATHER	May 0, 1937 (Address) Sales Breey M.J.
TIO	Z (State or country) Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA.	of MOTHER Augusta Spencer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Infor stat CCU	13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds.
T DO	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, heenstro Ma
sho ent	(Informant) The arshur & Very.	Former or "" ", ", ", ", ", ", ", ", ", ", ", ",
ANS Atem	(Address) Success for md	Green bus md may 12, 1932
BE	15 Filed May 1/ 19232. G. May Junes	R. B. Rawlings . Spens bus )
ż	If more branks are needed, address thate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., Spinner, nature of the business or industry, and therefore an Civil engineer, Physiciun, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emknow (a) the kind of work and also (b) the without more precise specification as Day Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> carbolic acid-probably suicide. The nature of the injury, 'tetapus) may be stated under the head of "contributory." (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a'l questions

permanently filed.

AGE should be stated EXACTLY.

the be carefully supplied. Aue snough to properly classified.

See instructions on back of certificate.

TION is very-important.

CAUSE O mation she

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5766
1. PLACE OF DEATH	119	- 0 0
County Zuramus	Registration Dist. No.	333
		12 Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurredyrs,mos	How long in U.S. If of foreign birth?yrsm	osds.
2. FULL NAME Martindale The	skers.	
(a) Residence: No. Lesterwille, Mis	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
mula restiett smale	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		(1001)
(or) WIFE of	22. I HEREBY CERTIFY, That Lattended	deceased from
~ / ./	1195 to lang	O, 19152
6. DATE OF BIRTH (month, day, and year) Jeb 15th 1931	I last saw h	_; death is said
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, at	
2 2/ ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done as SPINNER	9	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	made diarrie	4/122
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	<i>U</i>	
SAW MILL, BANK, etc		
this occupation (month and spent in this occupation occupation	,	
0. 1 · 10 · 11	Other Contributory Canses of Importance:	-
12. BIRTHPLACE (city or town)	(alados	. France
(Stete or country)		1
13. NAME 4 Fearles Cicpers		
14. BIRTHPLACE (city or town) Jesus	Neme of operation Dete of	
(State of country)	What test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAME Tourise Tourise Tourism	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following	g:
5 16. BIRTHPLACE (city or town) To Sinally	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	Where did Injury occur?	
17. INFORMANT LA Somme Missish	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address) Broalee Md		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Date Thay 9 , 1932	Nature of Injury	
a war of the state	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER OF THE TAIL OF THE CONTROL OF THE CO	If so, specify	
The state of the s	(Signed) PRINTERS	2)100
20. FILED May D, 1932. D. Way June	(Address)	)- 11.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

auses Date of onset
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MADVI AND-CEPTIFICATE OF DEATH

County Wi	comico				35
,		n	-,,	No. St	. Wa
			7.6 yrsmos	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth?	number)
2. FULL NA	ME Lizzie	C.Willia	ame		
Langth of residence in city or town where death occurred. 76 yrs					
CDUNTY WICOMICO  Village Dr City Sharptown  Length of residence In city or town where death occurred 76_yrs  2. FULL NAME Lizzie C. Williams  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULAR  3. SEX					d State
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH 19	, 193 2
5a. If married, widow HUSBAND of	ed, or divorced				(Year)
(or) WIFE of		Williams			deceased fr
6. DATE OF BIRTH (	month, day, end year)	Sept I2	1855		
			If LESS than		
		17		The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	Vategions
8. Trade, profes	ork done, as SPINNER.			dotte Bricardely	51,01
9 Industry or work was	husiness In which	**	0		1.012
10. Date decease	ed last worked et	11. Total t	ime (years)		
	pation (month and	spa spa	nt in this		
12. BIRTHPLACE (cit	y or town) Md			Other Contributory Causes of importence:	
. [					
13. NAME		enor			
14. BIRTHPLACE (State or	(city or town) MQ country)				5
15. MAIDEN NA	ME Elizabeth	Maggi			
16. BIRTHPLACE					*
(State of					ite)
				Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	LACE.
8. BURIAL, CREMATION, DR REMOVAL				Manner of Injury	
PlaceSh	arptown, M	ld , Date May	22-1932		
			·	24. Was disease or injury in eny way related to occupation of deceased?	20
		L 0	ha 1		
20. FILED MAN	121,1982	Mary G.	Mann	(Signed) - halling an	10) M

MARGIN RESERVED FOR BINDI

WITH UNFADING INK-THIS

state

PHYSICIANS should

stated EXACTLY. properly classified.

AGE should be

supplied.

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CAUSE OF D

-WRITE PL mation shoul

m, ż Tr'in plain terms, so that it may be

IS A PERMANENT RECORD. Every item of infor-

of OCCUPA-

Exact statement

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05763		
1	1. PLACE OF DEATH	50		
	County Wiennies	Registration Dist. No. 333		
	Village or City 3 also buy, Way	death occurred in a hospital or institution, give its NAME instead of street and number)		
		3 ds. How long in U.S. if of foreign birth? yrs. ds.		
1	2. FULL NAME Orace Wingers	2		
	(a) Residence: No. Stocks w W	Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MANNE	21. DATE OF DEATH  (Month)  (Day)  (Year)		
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carles Umges .	22.   HEREBY CERTIFY, That I attended deceased from		
te.	6. DATE OF BIRTH (month, day, end yeer) about 1881	I last saw h elive on		
certificate	7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 7. 15. 2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
of ce	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER PROFESSIONER, SAWYE	Car company of transfer		
on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
s on	SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and yeer)			
instructions	12. BIRTHPLACE (city or town)	Other Contributary Canoes of Importance:		
nstr	I 13. NAME gange Rousey	4		
See ii	14. BIRTHPLACE (cily or town) (State or country)	Whel test confirmed diagnosis? Zucking was there an autopsy		
ıt.	15. MAIDEN NAME COLORS	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:		
portant	16. BIRTHPLACE (city or lown) (State or country)	Accident, suicide, or homicide?		
1	17, INFORMANT Glorige & Circles (Address) Store to Long Marchen	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
is e	18. BURIAL, CREMATION, OF REMOVAL Place Por Standard Date May 16, 1932	Manner of injury		
TION	19. UNDERTAKER Jasses S. Prifitell (Address) Stocktoner May	24. Wes disease or injury in any way related to occupetion of deceased?		
	20. FILED May 1/4932. Dr. May Turner Registrar.	(Signed) All the M. D.  (Address) And Address And M. D.		
)	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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	Example I		Example II	Zatterija e o s
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsel
Arteriosclerosis	1101 7 1099	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonilis	S days ago
Other contributory car	uses of importance:	May 1,1923	Other contributory causes of importance:	1 year
				1 year

# MARGIN RESERVED FOR BINDING

V. S. No. 1

1	STA PLACE OF DEATH		ANDRE		93-0	2	27
	County Wals	mile	0		Registr	ation Dist. No.	30
	Village or City T	D. m.	ande		No	St.,	
	l anoth of residence in city or	town where death occ	urrad		death occurred in a hospital or institution, give its lds. How long In U.S. if of foreign bird		
	/3	John Where death occ	m.	01-01	/	710==000003131==0044==111	03
2	. FULL NAME	erry	11a				
	(a) Residence: No	(U	sual place of al	oode)	St.,Ward.	sident give city or town and	State
	PERSONAL AND S	STATISTICAL	PARTICU	LARS	MEDICAL CERTIFIC	ATE OF DEATH	
3. S	Fernal 4. COLOR OF		GLE, MARRIEI DIVORCED (24 LLOW	price the word)	21. DATE OF DEATH May	A (Day)	, 1937 (Yea
5a.	If married, widowed as divorced HUSBAND of (or) WIFE of Ono	h & Tha	elle	V		TIFY, That I attended	deceased
6. I	DATE OF BIRTH (month, day, and	vear) Law	12.	1832	I last saw h_w_elive on_ They_	4 /41 ,1932	; death
7. A		Montos	Days	If LESS than	to have occurred on the date stated above, et	9010Am	
	100	3		day,hrs rmin.	The PRINCIPAL CAUSE OF DEATH end relate were es follows:	d causes of importance	Dateo
PATION	8. Trade, profession, or perticu kind of work done, as SI ŞAWYER, BOOKKEEPER,	PINNER, Hoce	se W	ork	Hemsfiles	ia (Right	
PA	9. Industry or business in which work was done, as SILK	ch MILL,				gidle	m
000	SAW MILL, BANK, etc 10. Date deceased last worked	at 1	11. Total time (	(years)	arterio Ja	lessis	-
0	this occupation (month a year)	nd	g spent in occupation	this	myseard	ru	
12	BIRTHPLACE (city or town)	mo			Other Coatributory Causes of importance:		
14.	(State or country)	''					
ER	13. NAME SEOVE	€ //€	los	e			
FATH	14. BIRTHPLACE (city or town)_	m	1		Name of operetion		
-	(State or country)	0			What test confirmed diagnosis?	Was there an	au'opsy?
HER	15. MAIDEN NAME OEL	ea so.	time	m	23. If death was due to external causes (VIOLE)	ICE) fill In also the following	g:
MOTHER	16. BIRTHPLACE (city or town)	072	1		Accident, suicide, or homicide?	Date of injury	, 19
Σ	(State or country)	n.	20		Where did injury occur?(Specify	city or town, county and Stal	te)
E	INFORMANT // (Address)	nartal	aller	med	Specify whether injury occurred In INDUSTRY	in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OF TEMO	VAL .	Mare	6 .37/	Manner of injury		
	Place 1 Pl	Date.	told	7190	Nature of injury		
19.	UNDERTAKER - TAG	gar zue	17/2	no I	24. Wes disease or injury in any way related to	occupation of deceased?	
	(Address)	marph	wn	no,	If so, specify	Sd	1
	FILE Mayb 1934	· // na # / //	1		(Signed)	LACK & ALL DID	40

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
0 1934				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. AME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (nurite the word) narried (Day) ERTIFY. That I attanded daceased from 22. If LESS than to heve occurred on the data stated above, et -- ...hrs. 1 day. or .... min. Date of onset 11. Total tima (years)
spant in this occupation ma What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in eiso the following: Accidant, suicide, or homicide? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in eny way releted to occupation of decaasod? 19. UNDERTAKER (Addrass) If so, spacify (Signad) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
principal cause of death and related causes in portance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	
	/			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0100
1. PLACE OF DEATH	(75-P)	^
County Heonico	Registration Dist. No. 33	3,
Village or City aller	NoSt.,	7 Ward
Length of rasidence in city or town where death occurred 45 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and n	
(1) V1 1/1 1 1	- 43. How long in 0.3.11 of lotoign birth: Jis illo.	s us.
2. FULL NAME MADE Mayland		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and it	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3	193 2
5a. If married, widowed, or divarced HUSBAND of	(Monthy (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of	leceased from
mus wange strained	They 3 2 , 1982 to May 89	1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	last saw h ) over all on certaine	ath Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Trade, protession, or particular	were as follows:	Date of onset
O KIND OF WORK done, as SPINNER, A KIND OF WORK BOOKKEEPER, etc.	alauri	Tyu.
9. Industry or husiness in which		Line sa
work was dona, as SILK MILL, SAW MILL, BANK, etc.		mules
		2
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:  Mey Caudled Failey	Ja
		04
13. NAME / LAUY   14. BIRTHPLACE (city or town) // 14. Signature (city or town) // 14. Signatu	21.2.2	68
(State or country)	Name of operation Date of Date	7
	What test confirmed diagnosis?	
	23. If death was due to external causes (VIO) ENCE) fill in also the following:	
O 16. BIRTHPLACE (city ar town)	Accident, suicide, or homicide?Oate of injury  Where did injury occur?	, 19
Chia Charle What	(Specify ary or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:)
17. INFORMAN (Address)	Specify whether injury occurred in Thousand, in nome, of infourte FEA	CE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place (1112) 111- Oete 9/5/3/, 19	Nature of injury	
19. UNDERTAKER ILL HELL & CERTIN G.	24. Was disease or injury in any way related to occupation of decaasad?	ue/
(Address) Achabuly, M.	If so, specify	
20. FILEO May 5 19 32. It. May Junes	(Signed) July Jaken	ely. o.
A Registrar.	(Address) (-) ) see ee	use
If more blanks are heeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1001

68 560

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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